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Community Measures to Conserve Child Life

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IT is by "painful steps and slow" that organized society has found its way to even the present inadequate sense of social responsibility.

Tremendous social upheavals, threatening the very foundations of society itself, have, as a rule, been the compelling forces which have marked

forward steps. Stated otherwise, society has advanced in the handling of the problems of special groups or has elevated the required standards of welfare for such groups only in response to a selfish impulse for self-preservation.

With a certain amount of complaisance, modern society has come to look

upon itself as progressing more rapidly along lines of social welfare than was the case with earlier generations, pointing with pride to the rapid advance-made along child welfare lines as evidence of the fact.

It is undoubtedly true that within the last ten years remarkable strides have been made, looking to the physical and mental health and social well being of the child, but society did not evolve out of its inner consciousness a purely altruistic motive which carried it forward—the catastrophe of the World War furnished the spur to this rapid progress. The conservation of the race and civilized society demanded that the child be safeguarded, and society, once more in response to selfish interest, moved forward.

In safeguarding child life and health, adult society also serves its own interests; whatever measures are taken by the community to conserve the life of the child react to improve living conditions for the whole community. Child welfare, in all its implications, conceived as anything less than a movement which benefits society as a whole fails of full realization. But, human beings are so constituted that they prefer to believe that they are actuated by unselfish motives. While an appeal made to a community today to safeguard the child is sure of instant response, the community is conscious only of an unselfish motive in this response. On that as a foundation can be built up the structure of public welfare which shall be all inclusive.

THE ORIGINAL METHOD OF APPROACH TO CHILD CONSERVATION

If we look back over the early years in which work for children was first undertaken we find that the mode of approach was through the child already handicapped. The child was sick, crippled, orphaned, defective,

hungry, neglected; and to relieve these conditions there were established hospitals, dispensaries, orphan asylums, "milk and ice funds," as well as other relief funds and agencies. No one could resist the appeal of the suffering child.

The poor boards and the poor farm provided the chief relief to be offered by the county and town, while the other phases of child conservation work were made available by volunteer agencies.

THE MODERN APPROACH TO CHILD CONSERVATION

The modern approach to child conservation, whether along lines of health or social betterment, is along lines of prevention; the aim shifts from the relief of suffering and of handicaps of one sort or another from which surviving children may suffer, to the actual conserving of life itself to thousands of children, who under the old order would have died; and the insuring to all children of physical and mental health together with full opportunity for development and success.

Volunteer agencies have as always demonstrated methods and have outlined policies to be pursued in this vitally important field, but organized society, as represented by government, whether borough, town, state or national, has as yet assumed but a very small part of the program as its responsibility; or if assumed, the activities are performed only in a perfunctory way. Much education of officials and of the public is necessary before certain of these activities will be taken over as an integral part of government; *i.e.*, before the community and school nurse, for example, shall be looked upon as quite as essential to proper administration of town or county affairs as the policeman or tax collector, the sheriff or the district attorney.

OUR PURPOSE DEFINED

We shall attempt in this discussion to limit ourselves to a consideration of community measures which are essential to the conservation of child life and we shall attempt to indicate a practical method of approach to their realization.

We interpret "the conservation of child life" to mean not only the minimizing of infant mortality but the assurance to all young life in the community of health, both mental and physical, happiness and an opportunity for full development and success.

THREE PHASES IN DEVELOPMENT OF COMMUNITY MEASURES

The problem which is presented, divides itself into three phases: First, the formulation of an adequate program of community measures for the conservation of child life; second, the organization of existing agencies in the community for the promotion of this program; third, the education of the community to the realization that the entire program is the direct responsibility of organized government, and that it is their responsibility as citizens to transfer the support of the program to the official budget to be provided for out of the tax rates, whether national, state or local, leaving to private agencies, the pioneer field of experimentation and path-finding to even more efficient service.

THE "COMMUNITY" DEFINED

Before outlining community measures which are essential if child life is to be conserved, we must determine what shall constitute our community. It should be of such size as to afford the probability of securing leadership from among its people; it should contain within its borders sufficient wealth to make it probable that adequate funds will be available to carry on a

worthy program, whether as a volunteer enterprise or a project supported out of the taxes; existing conditions, whether they be geographical, political, or economic should not be such as to make harmonious coöperation impossible.

For Pennsylvania, at least, the county, with its political, educational, health and judicial organizations already functioning on that basis and correlated with the state as a supervising and standardizing agency, affords the ideal unit for community organization for child conservation. Within the county, cities, boroughs and townships are to be considered as working units, capable of conducting certain phases of the work independently, as for example the well baby clinic, but for other phases dependent upon and coöperating with the other units within the county; a motor dental unit or a maternity hospital service being an illustration in point.

WHAT SHALL CONSTITUTE AN ADEQUATE PROGRAM?

We have stated as our general proposition that the modern approach to the whole subject must be by way of prevention. We are at present traveling a vicious circle of ignorance as to the simple laws of health on the part of the adult and child, of the rich and poor, of the educated and uneducated, so that we may make our attack at any point of the circle and ultimately travel the whole circumference before our task is completed.

Let us, then, lay out our program in logical sequence from the prenatal period, recognizing as we do so that at that point in our circle we still have before us the problem of training men and women in fundamentals of racial health and worthy parenthood, which alone can insure health and full opportunity for development to the child.

In brief, our program may be stated to be that laid down in the Minimum Standards for Child Welfare, adopted by the Washington and regional conferences on child welfare in 1919.¹

In the space allotted it is not possible to do more than touch upon the high spots indicated in that report, but for the purpose of developing our idea of community organization especial reference must be made to the standards as they relate to the mother and her young child.

FOR THE MOTHER AND YOUNG CHILD

No community, large or small, may consider that it has laid adequate foundations for the conservation of child life, if it has not made provision for a prenatal service for pregnant woman; infant consultation service to "Keep the Well Child Well"; and pre-school clinics for the purpose of establishing such vigorous health in the young child that he shall enter upon his school career unhampered by physical defects and faulty health habits.

Coincident with these provisions, there should be available maternity wards in general hospitals or special maternity homes or hospitals within reach of even the more remote parts of the community, in order to insure safety to mother and child at the time of delivery. Maternity wards and hospitals, however, do not insure safety unless conducted by skilled obstetricians and obstetrical nurses; this necessity at once brings us face to face with the problem of standards of medical and nursing education and hospital administration. Obviously such standards can be set up only by state or national authority and we are forced to the conclusion, thus early, that our "community," to handle the

child conservation problem effectively, must be conceived as something larger than the borough or town or county. County organization, efficient as it may be, cannot function properly unless supported by adequate standards on the part of the state departments of health, education, welfare, labor and the judicial system. Moreover, these standards must be more than paper standards and must be interpreted to the local communities by responsible state officials.

The field of service to the young child and his mother is not covered without the day nursery, the "toddlers playground" and the playground with its athletic field and community center for the use of the entire family. Until economic conditions are adjusted so that the mother is not called upon to work outside of her home, the day nursery must be looked upon as an essential factor in the conservation of the life of the child, and the playground must provide the field for the development of character and a wholesome outlet for the child's energies.

FOR GENERAL COMMUNITY SANITATION

Before concerning ourselves further with the community measures which must be outlined for the conservation of the life of the child of school age, let us consider those measures which are fundamental to life conservation of all ages, but which are especially needed by the infant and the young child who is susceptible to all environmental conditions.

General community sanitation is an absolute prerequisite to any adequate program of child conservation. Without this, dabbling in "Well Baby Clinics," "Health Centers," and "Fly Campaigns," is but palliating symptoms, while many of the underlying causes of infant mortality and physical handicap remain. The community

¹ Children's Bureau publication, Conference Series, No. 2, No. 62.

must insure to itself, for the sake of the child, pure water; adequate sewage disposal; clean streets (these presuppose a proper street surface); proper housing; proper garbage collection and disposal; the elimination of nuisances of all sorts, especially of fly breeding spots; such adequate regulation and inspection as will insure a pure food and milk supply. In addition, there must be the enforcement of such quarantine regulations that the danger of spread of contagious disease shall be reduced to a minimum.

To insure these community measures the machinery is already in existence. The local and state health officer, board of health, department of health, department of public safety, department of public works, or whatever designations may be given the special agencies involved, are ready to function provided the citizens so direct. If they do not function it is the wish of the community that this should be so, for has not the community, in the use it has made of its citizenship, placed men and women in office to represent it and to act for it in these matters?

FOR THE SCHOOL CHILD

No more important agency exists for the conservation of child life than is to be found in the public school system; and yet up to this time this opportunity for this special service has been very largely neglected. For a period of five hours a day over several months of the year, for at least eight years in the case of the vast majority of children, in the most plastic period in the life of the child, he is in compulsory attendance upon the school. Adequate courses in the public schools in general health education and physical training will go far to protect the life and health of the individual child, and courses in home economics will lay the future foundation for intelligent home

making, which is the only basis on which child welfare can be made secure. The public school system offers an unparalleled opportunity for at least an annual stock taking of the physical health of the children of the community, for the correction of defects and the control of contagious disease through an adequate system of school medical, or let us say, school health inspection and follow-up.

The special class for the mentally defective in the local school should be linked up with suitable state provision for the careful training of these same children during the adolescent period, followed by probation for those who may safely be at large and permanent institutional care for others, especially the woman of child-bearing age. This provision is essential if the propagation of defective stock is to be minimized and if unskilled and irresponsible parental care, a factor playing a large part in infant mortality, is to be eliminated.

Vocational guidance is a necessary part of the service to be rendered by the school system if the child is to be given his full opportunity. His mental and physical health depend upon the nicety of adjustment made by him to his environment.

FOR THE CHILD IN GAINFUL OCCUPATIONS

A community program for the conservation of child life must include such regulations and their enforcement as shall prevent the employment of the child before the fourteenth, preferably before the sixteenth year. When he is so employed the work must be such as is adjusted to his physical and mental capacities and should be done only under proper sanitary and moral conditions.

Such a program calls for continuation schools, probation officers, factory

inspectors and health examiners. The latter may well be attached to the public school health inspection system. Free dispensary or hospital service should be provided for the correction of defects of eye, ear, nose, throat and teeth, which service is also essential to the success of school health inspection, and to work for the pre-school child.

FOR DEPENDENT, NEGLECTED, DELINQUENT OR DEFECTIVE CHILDREN

All the measures previously outlined for the normal child (if he may be so defined) must hold with even greater force for this group of children, plus the added provision for child placing and supervision, including some form of mothers' assistance. There is no room in any modern program for orphan asylums but for the defective child, institutional care may be essential.

The juvenile court is an absolutely necessary factor in the handling of many problems presented by this group and must be included with its probations officers and social workers.

FOR ALL CHILDREN

Mental and physical health depends very largely upon wholesome recreational opportunities offered the growing child and the adolescent. The supervised playground and community center have already been noted. There must, however, be regulation and supervision of commercialized recreation. Proper illumination of parks, playgrounds and highways, and adequate patrolling, by both men and women officers, are essential to community morale and the safety of children. Such provisions will go far to eliminate the "red light district," prostitution and venereal disease, the great scourge of infant life and health.

It is superfluous, perhaps, to state

that good roads and transportation facilities are essential if child conservation measures are to be made effective. Without these facilities it is impossible for health, education or other welfare activities to reach beyond the more densely populated centers in any county, for many months during the year. They must therefore be included as an integral part of our program.

This skeleton of the community program, which has not touched at all certain great economic problems which society must ultimately adjust, will, to the specialist in the several lines, seem very meager; it is intended to be merely suggestive and to afford a "bird's eye view" of the broad scope of the field to be covered. It is only by a vision of the whole problem and the great need that we may expect to capture the imagination of our "community" and translate its good intentions into actual service.

HOW IS SUCH A PROGRAM TO BE INITIATED?

Nora Milnes says in her discussion of child welfare,² "The problems of the child are never the beginning; they are but the end of other social problems." This is true, but, it is equally true that the way to the solution of these "other social problems" is through the child; the community can be led to remedy conditions and to plan well for the future when it is once thoroughly alive to the fact that the welfare of the child is jeopardized by its negligence.

In every community there are always a few men and women who recognize the need for improved conditions, and who believe that it is possible to coördinate community activities for the sake of the child; but their knowledge of the difficulties to be overcome in the community, not the least of which is apathy, is sufficiently deaden-

² *Child Welfare*. E. P. Dutton Co., New York.

ing to prevent the initiation of effort on their part. It is, therefore, essential that the spark which is to stimulate the movement for organization should be introduced from without the confines of the "local community." Only by frequent contact with the individual who has first hand knowledge of difficulties overcome under similar conditions can the spirit of optimism, which is essential to continued effort, be sustained among the local leaders and workers.

The ideal approach to organization in the local community for the conservation of child life is through the legally constituted children's division of the department of health or department of welfare, of the state, or through the separately constituted children's commission or board, depending upon the type of state organization. This presupposes that these state departments are so officered that *real* leadership is provided, and that a clear vision of the problems to be attacked and the methods to be employed in their solution, are part of the official equipment. If, on the other hand, the personnel of the state departments is recruited from among the "politically elect" and not from among the temperamentally fitted and technically trained, little hope for official leadership from this source can be entertained.

The alternative then presented is the initiative and leadership provided by the great national organization concerned with child welfare. We are about to witness a splendid demonstration of this sort on the part of the National Child Health Council, at Mansfield, Ohio, which should provide us with convincing data as to method, etc., within the next five years.

The advantage to be gained through leadership provided by the state as contrasted with that provided by unofficial organizations lies in this, that

from the beginning until the end (which is the full realization of the program), the movement is of necessity recognized as an expression of the will of all the people through their duly appointed or elected representatives. There is, therefore, an assurance of permanence and official recognition and support, which is not assured in the voluntary undertaking.

PUBLICITY

The key to an aroused community spirit is publicity. Unless individuals are aware of the need, unless they are made to understand that there are rational measures which can be applied to meet the need, they will not take action. It is, therefore, of prime importance that publicity for the child conservation program should be undertaken by the public press and that the leaders who are responsible for the initiation of the movement, whether representatives of the state or of the volunteer organization, should be heard and seen in the communities in which action is to be taken. *Personal contact is essential.*

Too much emphasis cannot be placed upon the fact that our "peripheral contact" with our communities, whether it be from our state headquarters or our national organization, must be made by men and women of the highest type, if our undertaking is to be successful. It is the sparsely settled county, it is the remote community which is in need of leadership, inspiration, stimulation; it is the children of these communities who are in dire straits; to help them, our best workers are none too good. Too often we have failed in our efforts to secure community action because we have sent uninspired messengers to carry our gospel and because the director of the enterprise has been "saved" for the larger cities.

ORGANIZATION

The second step is community organization. This implies a search for local leadership and the coördination of the activities of agencies already in the field, not the creation of a new organization. It implies, ultimately, the union of volunteer agencies with the legally constituted government and the gradual absorption into the official budget, of the support of the child conservation program. In order to accomplish this, there is need of a group of community organizers within the state organization or volunteer agency, who shall follow up the publicity in any given community and develop therein a working unit to promote the welfare of children. The community organizers should be accredited and responsible to the children's division, of a state organization, or should be part of the field force of the volunteer agency.

These community organizers, with the whole program in mind, should aim to set up an organization within the county, consisting of: a county chairman; a county committee of not less than five members; a county council, composed of a representative from every organization functioning on a county basis, and local (city, borough and township) sub-committees responsible to the county chairman—all officially designated as representing the state governmental unit with which they are connected; in Pennsylvania, the State Department of Health.

Experience seems to indicate that the county chairman of such an organization may well be a woman. Service for children makes a distinct appeal to women. Social welfare phases of government are those particularly needing the qualities possessed by women, and work done by them in a semi-official capacity in this type of

county organization, will be of invaluable training for future official work and will at the same time make an immediate contribution to public welfare.

This comprehensive scheme of organization cannot be completed in a day or a year. With the limited funds at the command of either state or volunteer agencies it is obvious that the staff organizers cannot remain for extended periods in a single community if an effort is to be made to develop the idea on a state-wide scale. The growth of the county organization (and that of its subdivisions) must be relatively slow and must call for repeated visits on the part of the organizers and other members of the headquarters staff. The growth must be that of the hardy perennial variety and not that of the mushroom type.

There is a great advantage to be gained when the attempt at organization is undertaken on a state-wide scale. The American temperament is stimulated by "drives" and "days" or "weeks" to mass action to accomplish a specific purpose—whether it be the collection of money, the promulgation of an idea, such as "safety first" or "clean-up weeks" or what not. When "everybody's doing it" it is infinitely easier to stimulate individual communities to the undertaking of a child conservation program. Advantage should be taken of this adjunct to a successful organization campaign.

We have said that our organization should include a county council, composed of representatives from all agencies conducting work for children and for health on a county basis. Much time, money and effort is to be saved by bringing these workers together for a discussion of the whole problem and for the mapping of the field of work, leaving each group, in so far as possible, in complete control of its special phases of the program.

The child-health station is the rallying point for organization. It is impossible to lay down a plan of action which will fit conditions in all communities but, in general, the aim must be to discover the most vigorous organization in the town or county and to link this up definitely with the support and operation of the health station. This may be the Red Cross, the woman's club, the Child Conservation League or other agency. There are times when the difficulty presented is that of selecting, from among several already in the field, the organization to which the child-health station service is to be delegated, while the remaining groups find their activities directed along other lines of child conservation. This selection requires infinite tact and much educational work among the groups to which the baby station is not definitely assigned.

Among the numerous organizations in the field, experience would seem to indicate that the Parent-Teacher-Associations may be counted upon to push work in the schools; the Women's Christian Temperance Union, a community recreational program and regulation of commercialized amusement, this bearing a very definite relation to their program for community morality; the Child Conservation League and child welfare committee of the woman's club may be counted upon for actual service as helpers in the health station with the children, themselves, and in social activities with the mothers—as may also many other groups of women. In counties in which the Red Cross is actively operating, they may assume the entire financial and operating problem of one or more centers; where less successful, they will at least provide for equipment or partial maintenance, and this is also true of the Tuberculosis Association.

In many communities the Visiting

Nurse Association or other nursing agency will provide the hours of public health nursing service necessary to promote the health center educational work; or the school board or an industrial plant may loan their nurse and physician for the purpose.

One of the necessary steps in the development of the child-health station is the location of the infants and pre-school children in the community, together with a dissemination of knowledge among the mothers of all classes that such a health service exists. For this purpose the League of Women Voters, with its ward and precinct organization, offers the most efficient agency for taking a census of these potential patrons of the health station. As the sub-committee on census of the child welfare committee, the League can, within a period of a very few days, gather the necessary data, on a simple form provided for that purpose, which will enable the nurse and her sub-committee on health station to get in touch with those homes most in need of help. Incidentally, this type of activity enables the League to test out its machinery which later can be used to further child welfare activities through good government.

The function of the organizer is, in very large measure, to point out to the community its already existing resources, and, having done this, to show them how they may be utilized for the realization of the child conservation program. In order to carry out the idea of unity of purpose it is well to designate the various organizations as sub-committees of the county or local child welfare committee; for example, the Red Cross becomes the "Child Health Station Committee"; the Parent-Teacher-Association, the "School Health Committee"; The Women's Christian Temperance Union, the "Health and Morals Committee," etc.

FINANCES

There is need of a finance committee in this preliminary stage of our community organization. On this committee there should be both men and women. In the larger centers the backing of the Rotary and Kiwanis Clubs and the Chamber of Commerce is invaluable and their representation on the finance sub-committee is desirable. The service of the committee may resolve itself into a coördinating of the collections and disbursements of the Red Cross and Tuberculosis Association (in which case these organizations must be strongly represented on the committee); or it may develop a community chest, out of which the child welfare work may be supported. In addition, it may link up with this volunteer activity the local board of education or board of health which, in return for service rendered by the public health nurse in the schools, or in contagious disease control, will pay into the treasury a sum of money annually.

In communities in which there are numerous small manufacturing plants which are without a "Welfare Department," the custom of soliciting from the employer an annual contribution of one dollar per person employed has helped in a large degree to solve the financial problem.

COÖPERATION OF MEDICAL PROFESSION

To insure the success of this preliminary phase of our child conservation movement, as embodied in the activities of the child-health station, the coöperation of the physicians of a community is essential. There is a definite advantage, therefore, in having the program initiated by the child-health division of the state health department, with the distinct understanding that the essence of the health station work is educa-

tional, preventive of disease and defect, and in no sense, competitive medical practice. On this rock of misunderstanding many an otherwise promising undertaking has been wrecked.

Up to this point we have dealt with our community organization and method along the old conventional lines. There is still the volunteer association, the membership dues, the "rummage sale," the bazaar, the contributions and other expedients by which the funds are raised for maintaining the enterprise, which, after all, reaches but a few of those who should be served. We still entertain the notion that "we" are doing something for "them."

Possibly we have added a little more of scientific efficiency in that we have attempted to eliminate some of the overlapping and misdirected efforts of the old individualistic method of child helping; but we have indicated that which is far more important: namely, that *the initiative for the movement should come from one of the legally constituted divisions of state government* rather than from an extra-governmental agency. We, that is, all the people, have begun through our already created agencies to do something for ourselves and our children.

THE CHILD HEALTH STATION NOT THE
END IN ITSELF

This first step in our program of organization, as expressed in the activities of the child-health station, is not an end in itself. It is the means to be used for the education of the whole community as to the crying need of all the other phases of service. The child-health station is the symbol of the most recently evolved method of service to the child. In the rural communities and small towns it is still in the path-finding and experimental stage and, therefore, a fit subject for volunteer endeavor; and

because it concentrates attention upon the child in a new and sometimes spectacular way, it is of great value in stirring the community conscience in regard to other needs of children inclusive of the need of improved general sanitation.

The machinery for the realization of the remaining phases of our program is already in existence in our public school system, our public health boards and officers, our borough or town councils, our judicial system, our highway and labor departments and the laws on our statute books. It remains for us to bring home to our communities that these agencies are theirs; that with relatively little effort and expense they can be made to function quite as efficiently as any private organization and that they will reach an infinitely larger clientele. Moreover, there are certain parts of the program which in the very nature of things cannot be undertaken by the private agency but must rest upon the state or municipality.

To make the transition from activities undertaken for the welfare of the child, organized and supported by volunteer agencies to those same activities undertaken and supported by all the people for themselves, that is, by organized government, it is necessary that the woman citizen (for it is she who holds the balance of power) should be informed as to the duties of local, county and state government, with especial reference to children, and also that she should understand the working of the political machinery by which her ideals for the child may be made a reality. In other words, women must be taught how to function as citizens and to be content with nothing less than efficient government, without which there can be no permanence to the child welfare program.

As has been said, women are inter-

ested in the "welfare" phases of government. It is along the lines of health, education and "social justice" that they are temperamentally fitted to make their own distinctive contribution to government; but the path from the primary to the election ballot box, and thence to the county commissioner, to borough or city council table, to the health board, school board, poor board, the road commissioners and the courts, has not been made plain nor has it been made easy.

The assessed valuation of property, the tax rate, the budget and a properly controlled public expenditure has little or no significance in relation to child welfare for the average voter, man or woman. Until these simple fundamentals have become part of every day thought and action, until the intricacies of political machinery have no more mysteries or terrors for the woman than has her Wilcox and Gibbs machine, with which she stitches the garments of her children, we cannot hope to secure marked progress in the coördination of volunteer and governmental activities, with especial reference to child welfare.

For the training of the woman citizen in these matters, our reliance must be placed upon the non-partisan educational agency, represented by the League of Women Voters, which as the sub-committee on census made its first contact with the child welfare movement. Its educational work in the rural community, small city and town should begin not with the provisions of the Federal Constitution and the functions of Congress, but with the factors in government which touch the daily life of mother and child. Only so will enthusiasm be kindled for undertaking the responsibilities of citizenship.

As daily vigilance in the home is necessary to insure the safety of the

child, so daily vigilance in connection with community measures for child welfare is essential if our ideals are to be attained. With leadership and standards provided in the state departments of health, education, welfare and labor, with the will to coördinate and standardize activities for child welfare within the county or district,

nothing is impossible. Time, only, is necessary to assure the result.

That time will be hastened when more of the time and energy devoted to private philanthropy is directed toward increased efficiency in government and when adequate appropriations to the health, educational and welfare activities of government are made.

Positive Health for American Childhood

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NOTHING great was ever achieved without vision, application and positive force. Is it not, therefore, wise for us at this point in our national life to pause, and to give serious consideration to the inquiry, "Wherein lies the greatest force or power for the development of our future national life?" Surely the answer admits of no controversy. Our greatest opportunities and responsibilities are with and for our potential citizens—our children.

What is of fundamental importance for American childhood? Despite the fact that some of the most marvelous minds in all ages have been forced to achieve fame under the strain of great physical handicaps, we nevertheless appreciate that health is of basic significance in the evolution of a vital national life.

What then is positive health? Positive health may be defined as meaning a body free from any handicaps, physical or mental, with a resistance which enables it to withstand environmental attacks to reduce its power, a vigor which radiates strength and happiness and, back of all this, a spiritual tone which is the keynote of an inspiring personality. Assuredly, it is the prerogative of childhood to have such health placed within its reach. Have

we given, are we giving our children opportunities for such all-round development of their physical, mental and spiritual life?

HEALTH STATUS

The findings of the examining boards for the United States army during the late war are convincing proof that as a nation we have been woefully negligent of our most precious asset—our children. The conclusions drawn, relative to the 35 per cent of the young men examined who were found unfit for active service, were that the highest percentage of defects was traceable to neglect in childhood.

Again, facing our problem in an endeavor to know just what it is, we learn from an examination of the twenty million children enrolled in the elementary public schools of the country that the commonest defects among these children are as follows:

- 1% mental deficiency
- 5% tuberculosis—present or past
- 5% defective hearing
- 25% defective sight
- 15% to 25% diseased tonsils or adenoids
- 10% to 20% deformed feet, spine or joints
- 50% to 75% defective teeth
- 15% to 25% malnutrition